County: Dane SKAALEN SUNSET HOME 400 NORTH MORRIS STREET 400 NORTH MDRRIS STREET

STOUGHTON 53589 Phone: (608) 873-5651

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 235

Total Licensed Bed Capacity (12/31/00): 237

Number of Residents on 12/31/00: 208 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled Yes Yes Average Daily Census: 211

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	30. 8 51. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	1.4	More Than 4 Years	18. 3
Day Services	No	Mental'Illness (Org./Psy)	25. 0	65 - 74	9. 6		
Respite Care	Yes	Mental Illness (Other)	2. 9	75 - 84	33. 2		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 7	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	11. 1	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1.4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	8. 2		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	13. 5	65 & 0ver	98. 6	[
Transportation	Yes	Cerebrovascul ar	9. 1			RNs	7.4
Referral Service	No	Di abetes	4. 3	Sex	%	LPNs	10. 9
Other Services	No	Respi ratory	6. 7			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	26. 9	Male	24. 0	Aides & Orderlies	48. 0
Mentally Ill	No			Female	76. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	N	/anage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 1	\$158.00	0	0. 0	\$0.00	1	0. 5%
Skilled Care	13		\$281. 29	$10\overset{\circ}{4}$	99. 0	\$104.51	ŏ	0. 0	\$0.00	86		\$142.00	ŏ	0. 0	\$0.00	203	97. 6%
Intermedi ate				1	1.0	\$86. 05	0	0.0	\$0.00	3	3. 3	\$128.00	0	0.0	\$0.00	4	1. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	13	100.0		105	100. 0		0	0.0		90	100.0		0	0.0		208	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons	s, Services	, and Activities as of	12/31/00
beachs builting kepoliting relifou		1		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	6. 9	Daily Living (ADL)	Independent		Two Staff	Dependenť	Resi dents
Private Home/With Home Health	2. 2	Bathi ng 💮 🗋	4.8	6	5. 9	² 9. 3	208
Other Nursing Homes	2. 5	Dressi ng	19. 2	5	69. 6	21. 2	208
Acute Care Hospitals	85.8	Transferri ng	28. 4	5	53. 4	18. 3	208
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 1		7. 1	29. 8	208
Rehabilitation Hospitals	0. 3	Eating	71. 2	1	9. 2	9. 6	208
Other Locations	2. 2	******************	******	********	*******	********	******
Total Number of Admissions	317	Conti nence			ecial Trea		%
Percent Discharges To:		Indwelling Or Extern	al Catheter			Respiratory Care	14. 9
Private Home/No Home Health	10. 2	Occ/Freq. Incontinen		51. 4	Recei vi ng	Tracheostomy Care	0. 5
Private Home/With Home Health	34. 7	Occ/Freq. Incontinen	t of Bowel	38. 9	Recei vi ng	Sucti oni ng	1. 0
Other Nursing Homes	3. 3	_			Recei vi ng	Ostomy Care	1. 0
					Recei vi ng	Tube Feedi ng	
Psych. HospMR/DD Facilities		Physically Restraine	d	16. 8	Recei vi ng	Mechanically Altered Di	ets 38.5
	38. 3					ce Directives	89. 4
		With Rashes					
(Including Deaths)	334				Recei vi ng	Psychoactive Drugs	49. 5
Acute Care Hospitals Psych. HospMR/DD Facilities Rehabilitation Hospitals Other Locations Deaths Total Number of Discharges (Including Deaths) ************************************	5. 7 0. 3 0. 0 7. 5 38. 3	Mobility Physically Restraine Skin Care With Pressure Sores With Rashes	d ********	16. 8 Ot 7. 2 8. 2 Ma	Receiving Receiving Ther Reside Have Advan	Tube Feeding Mechanically Altered Di nt Characteristics ce Directives Psychoactive Drugs	1. 4

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	is Nonprofit		20	00+	Ski l	led	Al l	
	Facility			Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89 . 0	87. 8	1.01	80. 6	1. 10	84. 1	1.06	84. 5	1.05
Current Residents from In-County	76. 0	82. 6	0. 92	83. 1	0. 91	83. 5	0. 91	77. 5	0. 98
Admissions from In-County, Still Residing	15. 8	25. 9	0. 61	26. 5	0. 60	22. 9	0. 69	21. 5	0. 73
Admissions/Average Daily Census	150. 2	116. 8	1. 29	107. 9	1. 39	134. 3	1. 12	124. 3	1. 21
Discharges/Average Daily Census	158. 3	117. 3	1. 35	108. 6	1.46	135. 6	1. 17	126. 1	1. 26
Discharges To Private Residence/Average Daily Census	71. 1	43. 9	1.62	45. 4	1. 56	53. 6	1. 33	49. 9	1.43
Residents Receiving Skilled Care	98. 1	91. 3	1. 07	88. 0	1. 11	90. 1	1. 09	83. 3	1. 18
Residents Aged 65 and Older	98. 6	97. 1	1. 02	87. 7	1. 12	92. 7	1.06	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	50. 5	56. 2	0. 90	70. 6	0.71	63. 5	0. 79	69. 0	0. 73
Private Pay Funded Residents	43. 3	37. 5	1. 15	23. 8	1.82	27. 0	1.60	22. 6	1. 91
Developmentally Disabled Residents	1. 0	0. 6	1. 55	2. 9	0. 33	1. 3	0. 77	7. 6	0. 13
Mentally Ill Residents	27. 9	36. 3	0.77	46. 8	0.60	37. 3	0. 75	33. 3	0.84
General Medical Service Residents	26. 9	21. 1	1. 28	15. 4	1. 75	19. 2	1.40	18. 4	1.46
Impaired ADL (Mean)	46. 3	50.8	0. 91	49. 4	0. 94	49. 7	0. 93	49. 4	0.94
Psychological Problems	49. 5	50. 0	0. 99	56. 4	0.88	50. 7	0. 98	50. 1	0. 99
Nursing Care Required (Mean)	9. 1	6.8	1. 34	7. 3	1. 25	6. 4	1. 41	7. 2	1. 27